

From: Alexander Weatherspoon
To: United States District Court
Northern District of Iowa
111 7th Avenue SE, Box 12
Cedar Rapids IA 52401

Date: 11-28-21

21-CV-1003

RECEIVED JAN 18 2022

I have enclosed in/with this Complaint a full copy of the 1983
lawsuit packet one for the Judge, one for the State and, one,
one original for the Courts. Also I have included with the packet
extra grievances stating medical treatment denial and concerns, along
with Proceed in forma Pauperis an Affidavit that includes a statement
of all assets I Possess and MY Inmate account.
I am seeking attorney representation. Also Additional Complaint
written with packet.

Sincerely: Alexander Weatherspoon #4161060586



Naomi

UNITED STATES DISTRICT COURT

for the

Northern District of Iowa

Eastern Division

22-CV-1003

Case No.

(to be filled in by the Clerk's Office)

Alexander Weather spoon

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint.
If the names of all the plaintiffs cannot fit in the space above,
please write "see attached" in the space and attach an additional
page with the full list of names.)

Deputy nevergall

Dubuque County Jail

-v- Deputy Dotty

Deputy Samuical

Joseph L Kennedy Sheriff

Deputy Kelly

Courtney Wilson

Deputy Curoe

Deputy Winch

Nurse Vicki

nurse Rita

Defendant(s)

(Write the full name of each defendant who is being sued. If the
names of all the defendants cannot fit in the space above, please
write "see attached" in the space and attach an additional page
with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Alexander Weatherspoon</u>		
All other names by which you have been known:	<u>Silkk, Booney, Hood, Mentell Magee, Micheal Magee, Jahnathan Cooper 416pl060816</u>		
ID Number			
Current Institution	<u>Dubuque County Jail</u>		
Address	<u>770 Iowa Street</u>		
	<u>Dubuque</u>	<u>IA</u>	<u>52001</u>
	City	State	Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	<u>Joseph L Kennedy</u>		
Job or Title (<i>if known</i>)	<u>Sheriff</u>		
Shield Number	<u>Unknown</u>		
Employer	<u>Unknown</u>		
Address	<u>770 Iowa Street</u>		
	<u>Dubuque</u>	<u>IA</u>	<u>52001</u>
	City	State	Zip Code
<input checked="" type="checkbox"/> Individual capacity	<input checked="" type="checkbox"/> Official capacity		

Defendant No. 2

Name	<u>Courtney Wilson</u>		
Job or Title (<i>if known</i>)	<u>Nurse Practitioner</u>		
Shield Number	<u>Unknown</u>		
Employer	<u>Unknown</u>		
Address	<u>770 Iowa Street</u>		
	<u>Dubuque</u>	<u>IA</u>	<u>52001</u>
	City	State	Zip Code
<input checked="" type="checkbox"/> Individual capacity	<input checked="" type="checkbox"/> Official capacity		

Defendant No. 3

Name

RietaJob or Title (*if known*)Nurse

Shield Number

Unknown

Employer

Unknown

Address

770 Iowa StreetDubuqueIA52001CityStateZip Code Individual capacity Official capacity

Defendant No. 4

Name

VickiJob or Title (*if known*)Nurse

Shield Number

Unknown

Employer

Unknown

Address

770 Iowa StreetDubuqueIA52001CityStateZip Code Individual capacity Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Denial of Medical Treatment, Retaliation against me, Deliberate

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

Continuance of 3 of 11

Defendant No. 5 Winch

Job or Title (if known) Deputy

Shield Number Unknown

Employer Joseph L. Kennedy

Address 770 Iowa Street

Dubuque
City

IA
State

52001
Zip Code

Individual Capacity

Official Capacity

Defendant No. 6 Samuel

Job or Title (if known) Deputy

Shield Number Unknown

Employer Joseph L. Kennedy

Address 770 Iowa Street

Dubuque
City

IA
State

52001
Zip Code

Individual capacity

Official capacity

Defendant No. 7 Dotti

Job or Title (if known) Deputy

Shield Number Unknown

Employer Joseph L. Kennedy

Address 770 Iowa Street

Dubuque
City

IA
State

52001
Zip Code

Individual capacity

Official capacity

Defendant No. 8 Kelly

Job or Title (if known) Deputy

Shield Number Unknown

Employer Joseph L Kennedy

Address 770 Iowa Street

Dubuque IA 52001
City State Zip Code

Individual Capacity

Official Capacity

Defendant No. 9 Euroe

Job or Title (if known) Deputy

Shield Number Unknown

Employer Joseph L Kennedy

Address 770 Iowa Street

Dubuque IA 52001
City State Zip Code

Individual Capacity

Official Capacity

Defendant No. 10 Dubuque County Jail

Job or Title (if known) Unknown

Shield Number Unknown

Employer Unknown

Address 770 Iowa Street

Dubuque IA 52001
City State Zip Code

Individual Capacity

Official Capacity

Defendant No. 11 Dubuque County Jail

Job or Title (if known) Unknown

Shield Number Unknown

Employer Joseph L Kennedy

Address 170 Iowa Street

Dubuque
City

IA
State

52001
Zip Code

Individual Capacity

Official Capacity

indifference, Negligences, unsanitary Living Conditions

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced state prisoner

Convicted and sentenced federal prisoner

Other (*explain*) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

the events happened at the Dubuque County Jail 7pm-8pm

C. What date and approximate time did the events giving rise to your claim(s) occur?

11-25-21 around 7-8pm

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I made a mistake and slammed my right middle finger in the steel drawer of my bed on unit 4 the Officer Working filed a sick call slip for me because the finger looked broken dislocated, or sprang. There was no nurses on duty at the time so i was told that there was nothing they could do until the following day then on 11-26-21 around 8AM Nurse Vicki or Nurse Rita came to Pod 4 and said there was nothing that she could do but give

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I reinjured an old injury and no medical treatment was given but pain pills Tylenol. I wanted a Bone specialist to look at my finger to no avail.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

money Damages of \$30,000 for Bone specialist to look at My finger the defendants to pay for my surgery and a full recovery Nurse practitioner Courtney will go suspended alone with Nurse Vicki and Nurse Rita. Court and all Filing fees to be paid off from LawSuite from

D: Me pain pills and white tape to wrap the Finger up. She didn't put me in for an Xray or anything or to see a Doctor. I can barely move my right middle finger to this day. My is cruel and unusual punishment, Denial of Medical Treatment, Deliberate indifference. I put a grievance in and a response came back from Timothy Kelly on 11-26-21 around 22:21 Stating that my request to see the Nurse was granted and the fact that i dont like the opinion of a Medical professional does not equal denial of Medical treatment. I appealed Grievance # 151870662 and on 11-29-21 around 15:05 Curt Schultz responded back stating that he spoke to the nurse on 11-29-21 and i was currently on the list to see the (Doctor.) on an unknown date and time i went to see (Nurse Practitioner Courtney Wilson) (Not a Doctor) check Medical records and cameras near Nurse station/ Room. Courtney Wilson looked at my finger and acknowledged that my finger was either sprang dislocated, or fractured but not broken and said that she was not going to send me to an outside Hospital for Xray. I ended up seeing the Nurse practitioner one more time just to get the same results and be denied again. On the date of 12-10-21 Nurse Vicki came to unit 3 when i was in cell 318 with Sgt Schultz around 8:00A.M then Nurse Vicki looked at my right middle finger with Sgt Schultz and Sgt Schultz decided to send me to Mercy Hospital. While at Mercy Hospital the Xray person came to Xray my right middle Finger, and after that Doctor came in looked at the Xray then at my finger and stated that i needed to see a bone specialist and have a surgery done because there is something in my finger bone Joints that are messed up but it was out of his field and that i definately needed surgery and see a Bone specialist. Still to this day of 12-25-21 I can barely move my right middle finger no sprang or anything is around my finger for protection and it hurts severely, its still swollen and the same as 11-25-21. It is the Nurse Practitioner Courtney Wilson job to send inmates out to the hospital and the Nurse Practitioner Courtney Wilson refused to do so on several occasions having knowledge that my finger looked as if it was dislocated, sprang, or fractured. She ignored the problem instead of sending me out for xrays. This is Negligence, Deliberate indifference, Denial of Medical treatment and Cruel and unusual Punishment. It feels as if needles are picking at my right middle finger.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes

No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Dubuque County Jail

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes

No

Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes

No

Do not know

If yes, which claim(s)?

All of them

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

E. If you did file a grievance:

1. Where did you file the grievance?

Dubuque County Jail

2. What did you claim in your grievance?

Cruel and unusual punishment

Denial of Medical treatment, Deliberate indifference,

3. What was the result, if any?

They gave me Tylenol then ignored me until Sgt Schultz sent me to the hospital himself after seeing the severeness off my right middle finger.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

Grievance Process Completed

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

Yes

No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s)

Alexander Weatherspoon

Defendant(s)

Unknown

2. Court (*if federal court, name the district; if state court, name the county and State*)

Unknown

3. Docket or index number

Unknown

4. Name of Judge assigned to your case

Unknown

5. Approximate date of filing lawsuit

Unknown

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition.

Unknown

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

Unknown

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

Yes

No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s)

Alexander Weatherspoon

Defendant(s)

Unknown

2. Court (*if federal court, name the district; if state court, name the county and State*)

Unknown

3. Docket or index number

Unknown

4. Name of Judge assigned to your case

Unknown

5. Approximate date of filing lawsuit

Unknown

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

Unknown

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11-28-21

Signature of Plaintiff

Alexander Weatherspoon

Printed Name of Plaintiff

Alexander Weatherspoon

Prison Identification #

416106

Prison Address

770 Iowa Street

Dubuque

City

IA

State

52001

Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

Additional Complaint

On the date of 12-19-21 while on unit 3 Cell 318 around 850 PM I refused housing and C/Io Winch C/Io Dobby C/Io Curoe handcuffed me by Force. I was then taken to a holding Cell by receiving that had Feces on the Ceilings and walls and urine on the Floor. I had to sit in the urine on the floor without a Mattress for about 30-40 Minutes then I was Given a Mattress and one Blanket, only to have it taken back from me around the next 30 minutes or so. I was located in the South Tank NH 01 Booking #25478 that is cruel and unusual punishment and unsanitary living conditions. after about or around 0020 I was placed in Segregation Cell 223 where Feces were also there everywhere and urine on the Floor also look at cameras of unit 1 and listen to Audio. The next day C/Io Nevergall let me clean some of the cell up around 1:08 P.M Date of 12-20-21 but did not give me a broom/ mop ect only a towel and disinfect. which is cruel and unusual punishment, and unsanitary living conditions. C/Io Dotty C/Io Samuel C/Io Kelly also seen the cell that they were putting me in and had knowledge of the seriousness to the unsanitaryness of the cell.

Grievance #151870662

Profile Photo: 	Inmate Info <hr/> <p>Name: ALEXANDER WEATHERSPOON Submitted Date: 11/26/21 10:37 Submitted from Location/Room: HU4 HU4 08 LO/HU4 Current Location/Room: HU3 HU3 318 B/HU3 Facility: Dubuque County IA</p>
Audit Photo: 	Form Info <hr/> <p>Category: Grievance Form: Grievance</p>
Grievance Info <hr/> <p>Status: CLOSED by Curt Schultz Facility Deadline: 12/16/21 23:59 Grievance Level: 2 Inmate can reply: No</p>	
Summary of Grievance: <div style="background-color: #f0f0f0; padding: 5px;"> Denial of medical treatment, Retaliation for writing grievances </div>	
Details of Grievance: <div style="background-color: #f0f0f0; padding: 5px;"> <p>Inmates must include all relevant facts such as dates, times, witnesses and any other information relevant to the incident including your housing unit. :</p> <p>On the day of 11-25-21 2nd shift around 7-8pm I made a mistake and slammed my right middle finger in my bunk drawer and the officer working filed a sick call slip for me because my right finger looked to be as if it was broker dislocated or sprung. There was no nurses on duty at the time, So I was told that there was nothing that they could do for me until the following day. Now today on 11-26-21 around 8 am I seen the nurse on pod 4 and showed her my right middle finger and she said that there was nothing she can do for me but give me pain pills and give me some white tape to wrap around my finger. She didn't put me in for an xray or to see the doctor to see was my finger dislocated or broken or anything. I can barely move my finger and my right finger is super swollen bigger than my thumbs in all the rest of my fingers on both hands I think that something is either fractured broken or dislocated and the nurse did nothing to help me but give me two pain pills. I need my finger xrayed or looked at by a doctor. This is unfair and unprofessional.</p> </div>	
Additional space if needed: <div style="background-color: #f0f0f0; padding: 5px;"> <p>What is the desired remedy or outcome to your grievance ?: I will like my right finger looked at by a doctor asap </p> </div>	

DATE/TIME	USER	ACTION	DETAILS
11/29/21 15:05	Curt Schultz	Staff Response	Mr. Weatherspoon, I see that you completed a blue medical request reference this issue. I spoke to the nurse today and you are currently on the list to see the doctor. Sgt. Schultz Assistant Jail Administrator
11/29/21 15:05	Curt Schultz	Changed Status	From 'Open' to 'Closed'
11/27/21 16:10	ALEXANDER WEATHERSPOON	Appeal	The medical prisonell does not treat the inmates right at this facility. Their not very respectful and the don't listen to inmates concerns. I should not have to put grievances in to obtain medical assistance in a correct fashion. Its not about me working against anyone because I am not I just want to be treated fairly with dignity and care
11/27/21 16:10		Changed Status	From Closed to Open due to Appeal
11/27/21 16:10		Changed Level	From 1 to 2 due to Appeal
11/26/21 22:21	Timothy Kelly	Staff Response	Mr. Weatherspoon, Your request for medical attention (To see the nurse) was granted. The fact that you do not like the opinion of a medical professional does not equal denial of medical treatment. She offered you options and attempted to help you. Medical staff continue to work with you and offer aid, despite your poor attitude. My suggestion is for you to work with them instead of always working against them. Sgt. Kelly
11/26/21 22:21	Timothy Kelly	Changed Status	From 'Open' to 'Closed'
11/26/21 10:37	ALEXANDER WEATHERSPOON	Submitted New	Denial of medical treatment, Retaliation for writing grievances

APPEal Grievance # 155576352 Dec 20th 18:24
C/o Winch C/o Dobby C/o Samuical C/o Kelly

I do not agree with the response to the Grievance i wrote on Dec 20th Grievance # 155576352 your staff put me in a unsanitary Drunk Tank in the North Holding Cell 1 with Feces on the walls and Ceilings with urine on the floor with no Mattress at first until about 30 Minutes later to an hour then your staff came in took the Mattress and one blanket back. Just look at the Cameras facing the North - holding Cell 1 and the footage from Body Cameras of C/o Samuical C/o Dobby C/o Kelly C/o Winch - or the Sheriff Joseph L. Kennedy because he himself said that he checked the cell before i came in there and had the cell cleaned out before i entered the cell to make sure that it was Sanitary which is false and should have some type of proof to show that the cell was clean. The reason why i couldn't file the Appeal within 24 hours is because i didn't get let out properly the officers pick and choose what time that they want to let you out for your hour in Segregation. Knowone is trying to give me a Appeal answer back when its the staff fault i missed it.

Respectfully Submitted: Alexander Weatherpoon



DUBUQUE COUNTY JAIL**SICK CALL REQUEST**Date: 12-9-21Cell/Block: Unit 3 Bunk: 318Inmate Name: Alexander Weatherspoon D.O.B. 5-4-86**Check Service Requested:** Nurse Provider Other

I wish to be seen at sick call because: (Please explain)

Thank you all for giving me all my meds now. Now my right middle finger is still hurting real bad. The Nurse practitioner said that it might be fractured, or sprained herself. As, which night I still will like to be sent out for an x-ray to see what's wrong. The Finger is way bigger then both of my thumbs. I have been trying to get an x-ray.

INMATE CO-PAY NOTICE for a while now.Section 904.702 of the **IOWA CODE** reads as follows:

The Director may deduct from the inmate's account an amount sufficient to pay for the inmates share of the cost of the health services **requested** by the inmate and for the treatment of injuries inflicted by the inmate or others.

1. You will not be denied medical care due to inability to pay or due to insufficient funds in your account.
2. For the duration of this incarceration, a \$3.00 fee may be charged against your account for each request for health services. A \$5.00 fee to see the Nurse and/or a \$10.00 fee to see the Doctor may be charged. A \$5-10 fee will be charged to you for health services rendered in reference to self-inflicted injuries, injuries to others, and for health services you receive in relation to your own negligence/carelessness.
3. You will not be charged for the followings: 1) health screening associated with facility transfers; 2) regularly scheduled health assessment; 3) follow-up visits scheduled by health services staff; 4) health services staff-indicated continuing care for the management/treatment of major health conditions such as hypertension, diabetes, and mental illness; 5) other matters including exposure to chemical agents or work related injuries not associated with your own negligence.
4. All fees will be deducted from your account. If there are insufficient funds in the account the fees will be debited and the account will show a negative balance.

Inmate Signature: Alexander Weatherspoon Date 12-9-21***A signature is required. This acknowledges agreement to the Inmate Co-Pay Notice.***Deputy receiving request form 86 Date 12/9/21 Time 1440 Forward to Nurse **For Office Use Only**

Results of Request:

 Request Only \$3.00 Nurse \$5.00 Medical Provider \$10.00

Medical staff Signature: _____ Date: _____

Continue on BACK

DUBUQUE COUNTY JAIL

SICK CALL REQUEST

Date: 12-24-21

Cell/Block: Seg 1 Bunk: 223

Inmate Name: Alexander Weatherspoon

D.O.B. 5-4-86

Check Service Requested:

Nurse Provider Other DOCTOR

I wish to be seen at sick call because: (Please explain)

My knee gave out again and I let CNA Abby no it and he ignored me I been to Nurse Provider Courtney Wilson, Nurse Rita, in Nurse Walkabout this same practice they keep refusing to put me in for a Doctor. I told them that is my medical

INMATE CO-PAY NOTICE

Section 904.702 of the **IOWA CODE** reads as follows:

The Director may deduct from the inmate's account an amount sufficient to pay for the inmates share of the cost of the health services requested by the inmate and for the treatment of injuries inflicted by the inmate on the inmate or others.

1. You will not be denied medical care due to inability to pay or due to insufficient funds in your account.
2. For the duration of this incarceration, a \$3.00 fee may be charged against your account for each request for health services. A \$5.00 fee to see the Nurse and/or a \$10.00 fee to see the Doctor may be charged. A \$5-10 fee will be charged to you for health services rendered in reference to self-inflicted injuries, injuries to others, and for health services you receive in relation to your own negligence/carelessness.
3. You will not be charged for the followings: 1) health screening associated with facility transfers; 2) regularly scheduled health assessment; 3) follow-up visits scheduled by health services staff; 4) health services staff-indicated continuing care for the management/treatment of major health conditions such as hypertension, diabetes, and mental illness; 5) other matters including exposure to chemical agents or work related injuries not associated with your own negligence.
4. All fees will be deducted from your account. If there are insufficient funds in the account the fees will be debited and the account will show a negative balance.

Inmate Signature: Alexander Weatherspoon

Date 12-24-21

A signature is required. This acknowledges agreement to the Inmate Co-Pay Notice.

Deputy receiving request form 26 Date 12/24/21 Time 18:57 Forward to Nurse [4]

For Office Use Only

Results of Request:

Request Only \$3.00 Nurse \$5.00 Medical Provider \$10.00

Medical staff Signature: _____ Date: _____

files it states that i have a Reconstruction Surgery of my right knee
+ Limited Steps Permit, Lower Bunkery Permit, I had a Cane at Cook County
Jail, Lower Bunk permit and their refusing to give me everything
except a Lower Bunk permit for my Seizures. I will like to be seen
by an outside Doctor A/S/AIP I keep falling hurting myself over
and over again when it could be prevented. All the Nurses here an
nurse practitioner has knowledge about My knee problem.

Continue On Back →

DUBUQUE COUNTY JAIL

SICK CALL REQUEST

Date: 12-26-21

Cell/Block: 521 Bunk: 223

Inmate Name: Alexander Wetherup D.O.B. 5-4-86

Check Service Requested:

Nurse Provider Other Bone Specialist

I wish to be seen at sick call because: (Please explain)

My right Middle finger has been examined the Doctor at Allegany Hospital told me that i needed a surgery and needed to talk to a Bone Specialist. my Finger is still hurting real bad and i can barely move it. please help me.

INMATE CO-PAY NOTICE

Section 904.702 of the IOWA CODE reads as follows:

The Director may deduct from the inmate's account an amount sufficient to pay for the inmates share of the cost of the health services requested by the inmate and for the treatment of injuries inflicted by the inmate or others.

1. You will not be denied medical care due to inability to pay or due to insufficient funds in your account.
2. For the duration of this incarceration, a \$3.00 fee may be charged against your account for each request for health services. A \$5.00 fee to see the Nurse and/or a \$10.00 fee to see the Doctor may be charged. A \$5-10 fee will be charged to you for health services rendered in reference to self-inflicted injuries, injuries to others, and for health services you receive in relation to your own negligence/carelessness.
3. You will not be charged for the followings: 1) health screening associated with facility transfers; 2) regularly scheduled health assessment; 3) follow-up visits scheduled by health services staff; 4) health services staff-indicated continuing care for the management/treatment of major health conditions such as hypertension, diabetes, and mental illness; 5) other matters including exposure to chemical agents or work related injuries not associated with your own negligence.
4. All fees will be deducted from your account. If there are insufficient funds in the account the fees will be debited and the account will show a negative balance.

Inmate Signature: Alexander Wetherup Date 12-26-21

A signature is required. This acknowledges agreement to the Inmate Co-Pay Notice.

Deputy receiving request form _____ Date _____ Time _____ Forward to Nurse

For Office Use Only

Results of Request:

Request Only \$3.00 Nurse \$5.00 Medical Provider \$10.00

Medical staff Signature: _____ Date: _____

I have filled Grievances, Request slips, and Blue Slips, I have been to the hospital (Mercy) to no avail but the Doctor at Mercy Hospital did tell me i needed a surgery and to see a Bone specialist. My Finger feels As if Needles are in it poking around.

Notice of Administrative Segregation

Inmate Name: Weatherspoon, Alexander Date: 12 / 19 / 21

You have been placed in Administrative Segregation because:

You are a danger to others.
 Your actions place you in jeopardy of counter action from other inmates.
 You require protective custody.
 Pre-Disciplinary Hearing Detention.
 Other factors: _____

The location of your initial segregation:

Segregation Unit #1 Cell # _____
 Segregation Unit #2 Cell # _____
 North Holding _____
 South Holding _____
 East Holding _____
 Other: NH

Administrative segregation is the non-punitive isolation of an Inmate as opposed to punitive isolation provided for Inmates who, following appropriate due process, are placed in solitary confinement, with or without loss of privileges, as confinement as a punishment for misbehavior in violation of jail rules and regulations.

An Inmate may be segregated from the general population if it is determined that their presence poses a threat to themselves, jail staff, other Inmates, or security and order of the jail. An Inmate may be segregated at any time deemed necessary by the Jail Administrator or Shift Supervisor under this provision.

If it is determined that an Inmate may be a threat to jail security, himself/herself, other Inmates, or jail staff, the inmate may be moved from general population to a Segregation Unit prior to a Disciplinary Hearing. The lockdown will not exceed 24 hours without a review by the Jail Administrator or his/her designee and then every 24 hours or until a disciplinary hearing is completed.

Your general rights and privileges will not be restricted except for the restrictions of the area in which you are placed and unless specific restrictions are necessary to carry out the purpose of the segregation and protection of inmates.

You are subject to all jail rules and regulations while in segregation.

Your segregation will be reviewed by jail administration on a daily basis unless otherwise noted.

If you have been placed in administrative segregation because of being a threat to other inmates, jail staff, or a security risk after an incident in the jail, your behavior and compliance with the jail rules and regulations will have a strong influence upon how long you will remain in segregation.

Inmate served notice on 12 / 19 / 2021 Time: 2200 By: Cory Windh (31-97)

Approved By: M. M. M. Date: 12 / 19 / 2021
DCJ - 057
June 14, 2004

Alexander Weatherspoon #4161060586
Dubuque County Jail
770 Iowa Street
Dubuque, IA 52001



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XRAYED US MARSHALS SERVICE

1.14.22EWB

United States District Court
Northern District of Iowa
111 7th Avenue SE, Box 12
Cedar Rapids, IA 52401

(Legal Mail)

